

**REPORT OF LOSS OR DAMAGE TO PERSONAL PROPERTY
KERN COUNTY RISK MANAGEMENT**

1. Employee _____ 2. Date _____

3. Department _____ 4. Amount of Claim \$ _____

5. Statement of Circumstances (if more space is needed, attach an additional sheet):

6. _____
Signature of employee

7. Approved: ___ Yes ___ No

8. Approved: ___ Yes ___ No

In the amt of \$ _____

By _____
Department Head

By _____
Risk Manager

Instructions

1. Name of employee making the claim of loss or damage.
2. Date this form is being completed.
3. County department where employee works.
4. Amount of loss or damage claimed; estimate the fair cost of repair or replacement; attach the original receipt for lost or damaged article if you have it.
5. Briefly state the date, time, and place of loss or damage and the circumstances causing the loss or damage.
6. Employee's signature.
7. Department Head: Show approval or disapproval of claim and sign form.
8. Risk Manager: Notify employee of receipt of the claim and disapprove or approve in an amount determined to be a fair cost of repair or replacement, according to condition at time of loss or damage.

The damaged article should accompany this claim for damage.

Form Distribution: Original to Risk Management, copy to department file, copy to employee.